



EMPLOYEE PERFORMANCE APPRAISAL REPORT

State Form 19955 (R6 /2-99)
*Social Security number request is **mandatory**
per IC 4-1-8-1 (5)

This information may be used in decisions concerning training needs, advancement, performance-related salary adjustments, layoffs, reemployment, and as evidence in contested disciplinary actions.

LABOR, TRADES & CRAFTS

Employee name: _____

TYPE OF EVALUATION

☐ Annual ☐ 3-Month ☐ 6-Month ☐ Follow-up
☐ Other: _____

WORKING TEST

☐ Successfully completed: Permanent status granted. **EFFECTIVE DATE:** _____

☐ Request extension for six (6) months. Reason on Comments Sheet. **EXTENDED DUE DATE:** _____

State Personnel Director approval

Date (month, day, year) _____

Name of employee

*Social Security number

Name of state agency

Org code

Class title and class code of employee

Review period (month / year) _____ / _____ To _____ / _____

AREAS OF RESPONSIBILITY		IMP.	QUALITY	QUANTITY	TIMELINESS
INSTRUCTIONS	RESPONSIBILITY STATEMENT	(Es) (Ne)	(Na) (G) (=) (5)	(Na) (G) (=) (5)	(Na) (G) (=) (5)
1) List the applicable areas of responsibility from the position description. 2) Indicate the relative importance of each in the second column. 3) Assign a rating to each dimension based on the actual work performed. Substantiate ratings of "below standard" on Comments Sheet. Key: (Es) Essential (Ne) Non-Essential (Na) Not applicable (G) Below standard (=) At standard (5) Above standard	1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GENERAL FACTORS		IMPORT.	PERFORMANCE
INSTRUCTIONS	FACTOR	(Es) (Ne) (Na)	(U) (M) (S) (V) (O)
1) Indicate the relative importance of each factor in the first column. 2) For each applicable factor, assign the most suitable performance rating. Substantiate ratings of "Unsatisfactory" or "Outstanding" on Comments Sheet. Key: (Es) Essential (Ne) Non-essential (Na) Not applicable (U) Unsatisfactory (M) Marginal (S) Satisfactory (V) Very good (O) Outstanding	1. Job Knowledge and Skill	<input type="radio"/>	<input type="radio"/>
	2. Preventive Maintenance and Repair	<input type="radio"/>	<input type="radio"/>
	3. Working Planning	<input type="radio"/>	<input type="radio"/>
	4. Record-keeping	<input type="radio"/>	<input type="radio"/>
	5. Physical Effort	<input type="radio"/>	<input type="radio"/>
	6. Leadership Functions	<input type="radio"/>	<input type="radio"/>
	7. Interpersonal Relations	<input type="radio"/>	<input type="radio"/>

Employee signature

Date signed

Evaluator signature

Superior

Appointing Authority signature

Date

I hereby certify that I have had an opportunity to review this report and understand that I am to receive a copy. I am aware that my signature does not necessarily mean that I agree with the rating.

I hereby certify that this rating report constitutes my best judgment of the service performed by this employee for the review period covered.

DISTRIBUTION: WHITE - STATE PERSONNEL; CANARY - AGENCY; PINK - EMPLOYEE; GOLDENROD - SUPERVISOR